

Jackson State University

PSTI

Pre-Service Teacher Institute

Please Print All Information

Personal Information

Name _____

Date of Birth_____/_____/_____ Place of Birth_____

Citizenship_____ Social Security #____-____-_____

School Address_____

Permanent Address (not school) _____

E-mail Address: _____

School Phone () _____ Alternate Phone () _____

Emergency Contact: _____ Relationship: _____

Emergency Phone: _____ Alternate Phone: _____

T-Shirt Size S M L XL XXL

Do you have any special dietary restrictions? Yes No

Academic Profile

University Name: _____

City: _____ State: _____

Major: _____ Minor _____

Present Classification: ____Junior ____Senior ____Graduate

Cumulative G.P.A. _____ Career Goal: ____ M.Ed. ____ Ed.D. ____ Ph.D.

Other Career Goals
(Specify) _____

Do you have a health condition that would prevent you from fully participating in the Institute:
Yes No If yes, explain_____

Name _____ University _____

List all college science and mathematics education courses that you have taken and the grade earned in each course: (If additional space is required, attach a sheet)

Course	College/University	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any honors and/or awards that you have received during the past three years (including high school):

List any extra extracurricular and community activities in which you have participated in the past three years:

Session

I am applying for July 15-27, 2007

By what mode of travel will you arrive _____ Arrival Date /Time _____

Demographics

Gender ___ Male ___ Female

Marital Status ___ Single ___ Married

Ethnicity ___ African American ___ Asian ___ Caucasian ___ Hispanic
 ___ Native American ___ Pacific Islander

Attachments

Attach to this application a typed essay (1,000 words or less) describing

- Your career goals
- Why you are interested in participating in this program

Name_____ University_____

Attach a letter of recommendation from two of your previous instructors: 1) math or science, and 2) education. List these instructors below.

Name_____

Department_____

Name_____

Department_____

- Attach official transcripts from all Colleges /Universities you have attended. **Unofficial copies are not acceptable.**
- Attach your current resume/curriculum vitae
- Attach fee: \$25.00 Make check or cashier's check payable to: JSU PSTI. **Do not send cash.**

Send your application materials to: Ms. Pamala Heard, Pre-Service Teacher Institute, PO Box 17129 Jackson, MS 39217. All applications materials must be received by May 15, 2007.

I certify that the above information is accurate. I give my permission to the Director to share this application including my transcripts and other pertinent information with NASA and Jackson State University officials.

Signature_____ Date____/____/____